

# 2015 Retiree Group Insurance Rates

## ~ All cost shares ~

On the following pages, the 2015 health and life insurance monthly rates (premiums) for retirees are shown by cost share. Please note that there are three different rate categories:

- *Non-Medicare* means that neither you nor anyone you wish to cover is eligible for Medicare.
- *Medicare Only* means that everyone you wish to cover, including yourself, is eligible for Medicare.
- *Non-Medicare & Medicare* (also called “Split Rates”) means that at least one person you wish to cover is eligible for Medicare.

### **What is a cost share?**

Your cost share is the percent you pay for your County group insurance; the County pays the remainder.

### **Where can I find my cost share?**

Each year, the OHR Health Insurance Team mails you two communications that include your personal cost share: your Group Insurance Fact Sheet (sent with Open Enrollment packets) and your Open Enrollment Final Confirmation Statements (sent in December). Be sure to keep these each year for reference.

**Important tip:** Use the *Health Insurance Rates Comparison Estimator* to compare your 2014 and 2015 rates.

Beginning Monday, September 22, 2014, go to [www.montgomerycountymd.gov/OHR](http://www.montgomerycountymd.gov/OHR); click Open Enrollment, then select your Open Enrollment Home Page.



*Revised 9/17/2014*

# RETIREE GROUP INSURANCE RATES

## 20% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	20%	20%	20%	20%	20%	20%	20%	20%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 107.96	\$ 186.75	\$ 314.45	\$ 58.17	\$ 107.81	\$ 119.88	\$ 136.96	\$ 264.66
CareFirst Standard Option POS (medical only)	\$ 100.40	\$ 173.68	\$ 292.44	\$ 54.10	\$ 100.27	\$ 111.48	\$ 127.38	\$ 246.14
UnitedHealthcare Select HMO (medical only)	\$ 88.42	\$ 169.98	\$ 270.22	\$ 77.77	\$ 158.61	\$ 251.72	\$ 159.33	\$ 259.57
Kaiser HMO (medical with Rx)	\$ 104.10	\$ 195.71	\$ 308.14	\$ 66.02	\$ 132.05	\$ 198.07	\$ 157.63	\$ 270.06
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 228.40	\$ 486.46	\$ 729.73	\$ 117.92	\$ 245.51	\$ 304.39	\$ 375.99	\$ 619.26
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 26.63	\$ 49.26	\$ 76.33	\$ 32.65	\$ 65.30	\$ 97.95	\$ 55.28	\$ 82.35
Caremark High Option \$5/\$10	\$166.05	\$307.22	\$476.08	\$204.13	\$408.28	\$612.41	\$345.30	\$514.16
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 6.94	\$ 15.45	\$ 22.23	\$ 6.94	\$ 15.45	\$ 22.23	\$ 15.45	\$ 22.23
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.151	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.063		

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

TOTAL \$ 0.00

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 30% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	30%	30%	30%	30%	30%	30%	30%	30%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 161.93	\$ 280.13	\$ 471.68	\$ 87.26	\$ 161.72	\$ 179.81	\$ 205.45	\$ 397.00
CareFirst Standard Option POS (medical only)	\$ 150.60	\$ 260.51	\$ 438.66	\$ 81.15	\$ 150.41	\$ 167.23	\$ 191.07	\$ 369.22
UnitedHealthcare Select HMO (medical only)	\$ 132.63	\$ 254.97	\$ 405.33	\$ 116.66	\$ 237.91	\$ 377.58	\$ 239.00	\$ 389.36
Kaiser HMO (medical with Rx)	\$ 156.16	\$ 293.57	\$ 462.22	\$ 99.04	\$ 198.08	\$ 297.11	\$ 236.45	\$ 405.10
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 342.59	\$ 729.69	\$ 1,094.59	\$ 176.89	\$ 368.27	\$ 456.59	\$ 563.98	\$ 928.88
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 39.94	\$ 73.88	\$ 114.50	\$ 48.98	\$ 97.95	\$ 146.93	\$ 82.92	\$ 123.53
Caremark High Option \$5/\$10	\$179.36	\$331.84	\$514.25	\$220.46	\$440.93	\$661.39	\$372.94	\$555.34
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 10.40	\$ 23.18	\$ 33.35	\$ 10.40	\$ 23.18	\$ 33.35	\$ 23.18	\$ 33.35
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.12

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.227	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
per \$1,000 coverage	\$0.095	55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 32% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	32%	32%	32%	32%	32%	32%	32%	32%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 172.73	\$ 298.80	\$ 503.12	\$ 93.07	\$ 172.50	\$ 191.80	\$ 219.14	\$ 423.46
CareFirst Standard Option POS (medical only)	\$ 160.64	\$ 277.88	\$ 467.91	\$ 86.56	\$ 160.43	\$ 178.37	\$ 203.80	\$ 393.83
UnitedHealthcare Select HMO (medical only)	\$ 141.48	\$ 271.97	\$ 432.36	\$ 124.44	\$ 253.77	\$ 402.75	\$ 254.93	\$ 415.32
Kaiser HMO (medical with Rx)	\$ 166.57	\$ 313.14	\$ 493.03	\$ 105.64	\$ 211.28	\$ 316.92	\$ 252.21	\$ 432.10
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 365.43	\$ 778.34	\$ 1,167.56	\$ 188.68	\$ 392.82	\$ 487.03	\$ 601.58	\$ 990.81
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 42.60	\$ 78.81	\$ 122.13	\$ 52.24	\$ 104.48	\$ 156.72	\$ 88.45	\$ 131.77
Caremark High Option \$5/\$10	\$182.02	\$336.77	\$521.88	\$223.72	\$447.46	\$671.18	\$378.47	\$563.58
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 11.10	\$ 24.72	\$ 35.57	\$ 11.10	\$ 24.72	\$ 35.57	\$ 24.72	\$ 35.57
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.242	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.101		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 34% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	34%	34%	34%	34%	34%	34%	34%	34%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 183.53	\$ 317.48	\$ 534.57	\$ 98.89	\$ 183.28	\$ 203.79	\$ 232.84	\$ 449.93
CareFirst Standard Option POS (medical only)	\$ 170.68	\$ 295.25	\$ 497.15	\$ 91.97	\$ 170.46	\$ 189.52	\$ 216.54	\$ 418.44
UnitedHealthcare Select HMO (medical only)	\$ 150.32	\$ 288.97	\$ 459.38	\$ 132.21	\$ 269.63	\$ 427.92	\$ 270.86	\$ 441.27
Kaiser HMO (medical with Rx)	\$ 176.98	\$ 332.71	\$ 523.84	\$ 112.24	\$ 224.49	\$ 336.73	\$ 267.98	\$ 459.11
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 388.27	\$ 826.98	\$ 1,240.54	\$ 200.47	\$ 417.37	\$ 517.47	\$ 639.18	\$ 1,052.74
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 45.26	\$ 83.74	\$ 129.76	\$ 55.51	\$ 111.01	\$ 166.52	\$ 93.98	\$ 140.00
Caremark High Option \$5/\$10	\$184.68	\$341.70	\$529.51	\$226.99	\$453.99	\$680.98	\$384.00	\$571.81
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 11.79	\$ 26.27	\$ 37.80	\$ 11.79	\$ 26.27	\$ 37.80	\$ 26.27	\$ 37.80
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.257	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.107		

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

TOTAL \$ 0.00

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 35% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	35%	35%	35%	35%	35%	35%	35%	35%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 188.92	\$ 326.81	\$ 550.29	\$ 101.80	\$ 188.67	\$ 209.78	\$ 239.69	\$ 463.16
CareFirst Standard Option POS (medical only)	\$ 175.70	\$ 303.93	\$ 511.77	\$ 94.68	\$ 175.47	\$ 195.10	\$ 222.91	\$ 430.75
UnitedHealthcare Select HMO (medical only)	\$ 154.74	\$ 297.47	\$ 472.89	\$ 136.10	\$ 277.56	\$ 440.51	\$ 278.83	\$ 454.25
Kaiser HMO (medical with Rx)	\$ 182.18	\$ 342.50	\$ 539.25	\$ 115.54	\$ 231.09	\$ 346.63	\$ 275.86	\$ 472.61
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 399.69	\$ 851.31	\$ 1,277.02	\$ 206.37	\$ 429.64	\$ 532.69	\$ 657.98	\$ 1,083.70
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 46.60	\$ 86.20	\$ 133.58	\$ 57.14	\$ 114.28	\$ 171.42	\$ 96.74	\$ 144.12
Caremark High Option \$5/\$10	\$186.02	\$344.16	\$533.33	\$228.62	\$457.26	\$685.88	\$386.76	\$575.93
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 12.14	\$ 27.04	\$ 38.91	\$ 12.14	\$ 27.04	\$ 38.91	\$ 27.04	\$ 38.91
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.264	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.111		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 36% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	36%	36%	36%	36%	36%	36%	36%	36%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 194.32	\$ 336.15	\$ 566.01	\$ 104.71	\$ 194.06	\$ 215.78	\$ 246.54	\$ 476.40
CareFirst Standard Option POS (medical only)	\$ 180.72	\$ 312.62	\$ 526.40	\$ 97.38	\$ 180.49	\$ 200.67	\$ 229.28	\$ 443.06
UnitedHealthcare Select HMO (medical only)	\$ 159.16	\$ 305.96	\$ 486.40	\$ 139.99	\$ 285.49	\$ 453.09	\$ 286.79	\$ 467.23
Kaiser HMO (medical with Rx)	\$ 187.39	\$ 352.29	\$ 554.66	\$ 118.84	\$ 237.69	\$ 356.53	\$ 283.74	\$ 486.12
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 411.11	\$ 875.63	\$ 1,313.51	\$ 212.26	\$ 441.92	\$ 547.91	\$ 676.78	\$ 1,114.66
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 47.93	\$ 88.66	\$ 137.39	\$ 58.77	\$ 117.54	\$ 176.31	\$ 99.50	\$ 148.24
Caremark High Option \$5/\$10	\$187.35	\$346.62	\$537.14	\$230.25	\$460.52	\$690.77	\$389.52	\$580.05
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 12.48	\$ 27.81	\$ 40.02	\$ 12.48	\$ 27.81	\$ 40.02	\$ 27.81	\$ 40.02
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.272	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.114		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 38% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	38%	38%	38%	38%	38%	38%	38%	38%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 205.12	\$ 354.83	\$ 597.46	\$ 110.52	\$ 204.84	\$ 227.76	\$ 260.23	\$ 502.86
CareFirst Standard Option POS (medical only)	\$ 190.76	\$ 329.98	\$ 555.64	\$ 102.79	\$ 190.51	\$ 211.82	\$ 242.02	\$ 467.67
UnitedHealthcare Select HMO (medical only)	\$ 168.00	\$ 322.96	\$ 513.42	\$ 147.77	\$ 301.36	\$ 478.26	\$ 302.73	\$ 493.19
Kaiser HMO (medical with Rx)	\$ 197.80	\$ 371.86	\$ 585.47	\$ 125.45	\$ 250.90	\$ 376.34	\$ 299.50	\$ 513.12
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 433.95	\$ 924.27	\$ 1,386.48	\$ 224.06	\$ 466.47	\$ 578.35	\$ 714.38	\$ 1,176.59
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 50.59	\$ 93.59	\$ 145.03	\$ 62.04	\$ 124.07	\$ 186.11	\$ 105.03	\$ 156.47
Caremark High Option \$5/\$10	\$190.01	\$351.55	\$544.78	\$233.52	\$467.05	\$700.57	\$395.05	\$588.28
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 13.18	\$ 29.36	\$ 42.24	\$ 13.18	\$ 29.36	\$ 42.24	\$ 29.36	\$ 42.24
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.287	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.120		

To determine your total monthly premium, enter the costs for each of your plans

Medical \$ \_\_\_\_\_

Prescription \$ \_\_\_\_\_

Dental \$ \_\_\_\_\_

Vision \$ \_\_\_\_\_

Basic Life<sup>3</sup> \$ \_\_\_\_\_

Dep Life<sup>3</sup> \$ \_\_\_\_\_

Opt Life<sup>3</sup> \$ \_\_\_\_\_

TOTAL \$ 0.00

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.



# RETIREE GROUP INSURANCE RATES

## 40% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	40%	40%	40%	40%	40%	40%	40%	40%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 215.91	\$ 373.50	\$ 628.90	\$ 116.34	\$ 215.62	\$ 239.75	\$ 273.93	\$ 529.33
CareFirst Standard Option POS (medical only)	\$ 200.80	\$ 347.35	\$ 584.88	\$ 108.20	\$ 200.54	\$ 222.97	\$ 254.76	\$ 492.29
UnitedHealthcare Select HMO (medical only)	\$ 176.84	\$ 339.96	\$ 540.44	\$ 155.54	\$ 317.22	\$ 503.44	\$ 318.66	\$ 519.14
Kaiser HMO (medical with Rx)	\$ 208.21	\$ 391.43	\$ 616.29	\$ 132.05	\$ 264.10	\$ 396.15	\$ 315.27	\$ 540.13
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 456.79	\$ 972.92	\$ 1,459.46	\$ 235.85	\$ 491.02	\$ 608.79	\$ 751.98	\$ 1,238.51
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 53.25	\$ 98.51	\$ 152.66	\$ 65.30	\$ 130.60	\$ 195.90	\$ 110.56	\$ 164.71
Caremark High Option \$5/\$10	\$192.67	\$356.47	\$552.41	\$236.78	\$473.58	\$710.36	\$400.58	\$596.52
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 13.87	\$ 30.90	\$ 44.47	\$ 13.87	\$ 30.90	\$ 44.47	\$ 30.90	\$ 44.47
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.16

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.302	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.126		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 42% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	42%	42%	42%	42%	42%	42%	42%	42%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 226.71	\$ 392.18	\$ 660.35	\$ 122.16	\$ 226.41	\$ 251.74	\$ 287.62	\$ 555.79
CareFirst Standard Option POS (medical only)	\$ 210.84	\$ 364.72	\$ 614.13	\$ 113.61	\$ 210.57	\$ 234.12	\$ 267.49	\$ 516.90
UnitedHealthcare Select HMO (medical only)	\$ 185.69	\$ 356.96	\$ 567.47	\$ 163.32	\$ 333.08	\$ 528.61	\$ 334.59	\$ 545.10
Kaiser HMO (medical with Rx)	\$ 218.62	\$ 411.00	\$ 647.10	\$ 138.65	\$ 277.31	\$ 415.96	\$ 331.03	\$ 567.13
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 479.63	\$ 1,021.57	\$ 1,532.43	\$ 247.64	\$ 515.57	\$ 639.23	\$ 789.57	\$ 1,300.44
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 55.91	\$ 103.44	\$ 160.29	\$ 68.57	\$ 137.13	\$ 205.70	\$ 116.09	\$ 172.94
Caremark High Option \$5/\$10	\$195.33	\$361.40	\$560.04	\$240.05	\$480.11	\$720.16	\$406.11	\$604.75
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 14.57	\$ 32.45	\$ 46.69	\$ 14.57	\$ 32.45	\$ 46.69	\$ 32.45	\$ 46.69
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.17

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.317	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
<b>Basic Term Life Insurance</b>		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.133		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
<b>TOTAL</b>	<b>\$ 0.00</b>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 44% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	44%	44%	44%	44%	44%	44%	44%	44%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 237.50	\$ 410.85	\$ 691.79	\$ 127.97	\$ 237.19	\$ 263.73	\$ 301.32	\$ 582.26
CareFirst Standard Option POS (medical only)	\$ 220.88	\$ 382.09	\$ 643.37	\$ 119.02	\$ 220.59	\$ 245.26	\$ 280.23	\$ 541.52
UnitedHealthcare Select HMO (medical only)	\$ 194.53	\$ 373.96	\$ 594.49	\$ 171.10	\$ 348.94	\$ 553.78	\$ 350.53	\$ 571.06
Kaiser HMO (medical with Rx)	\$ 229.03	\$ 430.57	\$ 677.92	\$ 145.25	\$ 290.51	\$ 435.76	\$ 346.79	\$ 594.14
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 502.47	\$ 1,070.21	\$ 1,605.40	\$ 259.43	\$ 540.12	\$ 669.67	\$ 827.17	\$ 1,362.36
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 58.58	\$ 108.36	\$ 167.93	\$ 71.83	\$ 143.66	\$ 215.49	\$ 121.62	\$ 181.18
Caremark High Option \$5/\$10	\$198.00	\$366.32	\$567.68	\$243.31	\$486.64	\$729.95	\$411.64	\$612.99
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 15.26	\$ 33.99	\$ 48.91	\$ 15.26	\$ 33.99	\$ 48.91	\$ 33.99	\$ 48.91
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.332	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.139		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 45% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	45%	45%	45%	45%	45%	45%	45%	45%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 242.90	\$ 420.19	\$ 707.51	\$ 130.88	\$ 242.58	\$ 269.72	\$ 308.17	\$ 595.49
CareFirst Standard Option POS (medical only)	\$ 225.90	\$ 390.77	\$ 657.99	\$ 121.73	\$ 225.61	\$ 250.84	\$ 286.60	\$ 553.82
UnitedHealthcare Select HMO (medical only)	\$ 198.95	\$ 382.46	\$ 608.00	\$ 174.99	\$ 356.87	\$ 566.37	\$ 358.49	\$ 584.04
Kaiser HMO (medical with Rx)	\$ 234.23	\$ 440.36	\$ 693.32	\$ 148.55	\$ 297.11	\$ 445.67	\$ 354.68	\$ 607.64
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 513.89	\$ 1,094.54	\$ 1,641.89	\$ 265.33	\$ 552.40	\$ 684.89	\$ 845.97	\$ 1,393.33
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 59.91	\$ 110.83	\$ 171.74	\$ 73.46	\$ 146.93	\$ 220.39	\$ 124.38	\$ 185.30
Caremark High Option \$5/\$10	\$199.33	\$368.79	\$571.49	\$244.94	\$489.91	\$734.85	\$414.40	\$617.11
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 15.61	\$ 34.77	\$ 50.03	\$ 15.61	\$ 34.77	\$ 50.03	\$ 34.77	\$ 50.03
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.340	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.142		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 46% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	46%	46%	46%	46%	46%	46%	46%	46%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 248.30	\$ 429.53	\$ 723.24	\$ 133.79	\$ 247.97	\$ 275.71	\$ 315.02	\$ 608.73
CareFirst Standard Option POS (medical only)	\$ 230.92	\$ 399.45	\$ 672.62	\$ 124.43	\$ 230.62	\$ 256.41	\$ 292.97	\$ 566.13
UnitedHealthcare Select HMO (medical only)	\$ 203.37	\$ 390.95	\$ 621.51	\$ 178.88	\$ 364.80	\$ 578.95	\$ 366.46	\$ 597.02
Kaiser HMO (medical with Rx)	\$ 239.44	\$ 450.14	\$ 708.73	\$ 151.86	\$ 303.72	\$ 455.57	\$ 362.56	\$ 621.15
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 525.31	\$ 1,118.86	\$ 1,678.37	\$ 271.23	\$ 564.67	\$ 700.11	\$ 864.77	\$ 1,424.29
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 61.24	\$ 113.29	\$ 175.56	\$ 75.10	\$ 150.19	\$ 225.29	\$ 127.14	\$ 189.41
Caremark High Option \$5/\$10	\$200.66	\$371.25	\$575.31	\$246.58	\$493.17	\$739.75	\$417.16	\$621.22
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 15.95	\$ 35.54	\$ 51.14	\$ 15.95	\$ 35.54	\$ 51.14	\$ 35.54	\$ 51.14
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.347	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 48% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	48%	48%	48%	48%	48%	48%	48%	48%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 259.09	\$ 448.20	\$ 754.68	\$ 139.61	\$ 258.75	\$ 287.70	\$ 328.71	\$ 635.19
CareFirst Standard Option POS (medical only)	\$ 240.96	\$ 416.82	\$ 701.86	\$ 129.84	\$ 240.65	\$ 267.56	\$ 305.71	\$ 590.75
UnitedHealthcare Select HMO (medical only)	\$ 212.21	\$ 407.95	\$ 648.53	\$ 186.65	\$ 380.66	\$ 604.12	\$ 382.39	\$ 622.97
Kaiser HMO (medical with Rx)	\$ 249.85	\$ 469.71	\$ 739.55	\$ 158.46	\$ 316.92	\$ 475.38	\$ 378.32	\$ 648.15
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 548.15	\$ 1,167.50	\$ 1,751.35	\$ 283.02	\$ 589.22	\$ 730.55	\$ 902.37	\$ 1,486.21
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 63.90	\$ 118.21	\$ 183.19	\$ 78.36	\$ 156.72	\$ 235.08	\$ 132.67	\$ 197.65
Caremark High Option \$5/\$10	\$203.32	\$376.17	\$582.94	\$249.84	\$499.70	\$749.54	\$422.69	\$629.46
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 16.65	\$ 37.08	\$ 53.36	\$ 16.65	\$ 37.08	\$ 53.36	\$ 37.08	\$ 53.36
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.362	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.152		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

# RETIREE GROUP INSURANCE RATES

## 50% Cost Share

Effective January 1, 2015

HEALTH PLANS	Non-Medicare			Medicare Only			Non-Medicare & Medicare Split <sup>1</sup>	
	Self	Self + 1	Family	Self	Self + 1	Family	Self + 1	Family
	50%	50%	50%	50%	50%	50%	50%	50%
<b>MEDICAL:</b>								
CareFirst High Option POS (medical only)	\$ 269.89	\$ 466.88	\$ 786.13	\$ 145.43	\$ 269.53	\$ 299.69	\$ 342.41	\$ 661.66
CareFirst Standard Option POS (medical only)	\$ 251.00	\$ 434.19	\$ 731.11	\$ 135.25	\$ 250.68	\$ 278.71	\$ 318.45	\$ 615.36
UnitedHealthcare Select HMO (medical only)	\$ 221.06	\$ 424.95	\$ 675.56	\$ 194.43	\$ 396.52	\$ 629.30	\$ 398.33	\$ 648.93
Kaiser HMO (medical with Rx)	\$ 260.26	\$ 489.29	\$ 770.36	\$ 165.06	\$ 330.13	\$ 495.19	\$ 394.09	\$ 675.16
CareFirst Indemnity (medical with Rx discount) <sup>2</sup>	\$ 570.99	\$ 1,216.15	\$ 1,824.32	\$ 294.81	\$ 613.78	\$ 760.99	\$ 939.97	\$ 1,548.14
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$ 66.57	\$ 123.14	\$ 190.83	\$ 81.63	\$ 163.26	\$ 244.88	\$ 138.20	\$ 205.89
Caremark High Option \$5/\$10	\$205.99	\$381.10	\$590.58	\$253.11	\$506.24	\$759.34	\$428.22	\$637.70
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$ 17.34	\$ 38.63	\$ 55.59	\$ 17.34	\$ 38.63	\$ 55.59	\$ 38.63	\$ 55.59
<b>VISION:</b>								
Opti-Vision Discount Plan	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.21

LIFE INSURANCE**		Optional Life Insurance per \$1,000 coverage	
Dependent Life Insurance		Age	100% Monthly Rates
\$2,000/\$1,000/\$100	\$0.378	<25	\$0.044
\$4,000/\$2,000/\$100	\$1.520	25-29	\$0.049
\$10,000/\$5,000/\$100	\$3.805	30-34	\$0.060
		35-39	\$0.066
		40-44	\$0.071
Basic Term Life Insurance		45-49	\$0.100
		50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732
per \$1,000 coverage	\$0.158		

To determine your total monthly premium, enter the costs for each of your plans

Medical	\$ _____
Prescription	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life <sup>3</sup>	\$ _____
Dep Life <sup>3</sup>	\$ _____
Opt Life <sup>3</sup>	\$ _____
TOTAL	\$ <u>0.00</u>

1 Non-Medicare and Medicare Split rates apply when (at least) one member is Medicare eligible and (at least) one member is non-Medicare eligible. Proof of under age 65 Medicare is required.

2 Only available to retirees who are currently enrolled in the CareFirst BCBS Indemnity Plan (closed to new members). Prescription (Rx) plans (High and Standard Options) are not available to Indemnity Plan participants.

3 Basic Life only available to eligible retirees (not surviving dependents). Optional and Dependent Life insurance are only available to Retirees who had coverage as of the day prior to retirement. Optional and Dependent Life can only be maintained or cancelled completely.

**MONTGOMERY COUNTY RETIREE GROUP HEALTH PLAN & LIFE RATES**  
**100% cost share rates - effective January 1, 2015**

HEALTH PLANS	Non-Medicare 100% Monthly Rates			Medicare 100% Monthly Rates			Non-Medicare & Medicare Split Rates <sup>2</sup>	
	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY		
<b>MEDICAL:</b>							<b>SELF+1</b>	<b>FAMILY</b>
Carefirst High Option POS (medical only)	\$539.78	\$933.75	\$1,572.25	\$290.85	\$539.06	\$599.38	\$684.82	\$1,323.32
Carefirst Standard Option POS (medical only)	\$501.99	\$868.38	\$1,462.21	\$270.50	\$501.35	\$557.42	\$636.89	\$1,230.72
UnitedHealthcare Select HMO (medical only)	\$442.11	\$849.90	\$1,351.11	\$388.86	\$793.04	\$1,258.59	\$796.65	\$1,297.86
Kaiser HMO (medical with Rx)	\$520.52	\$978.57	\$1,540.72	\$330.12	\$660.25	\$990.37	\$788.17	\$1,350.32
Carefirst Indemnity (medical with Rx discount) <sup>1</sup>	\$1,141.98	\$2,432.30	\$3,648.64	\$511.80	\$1,023.60	\$1,521.97	\$1,802.12	\$3,018.46
<b>PRESCRIPTION:</b>								
Caremark Standard Option \$10/\$20/\$35	\$133.13	\$246.28	\$381.65	\$163.25	\$326.50	\$489.75	\$276.40	\$411.77
Caremark High Option \$5/\$10	\$272.55	\$504.24	\$781.40	\$327.81	\$655.62	\$983.43	\$559.50	\$836.66
<b>DENTAL:</b>								
Dental PPO (Traditional Dental Plan)	\$34.68	\$77.26	\$111.17	\$34.68	\$77.26	\$111.17	\$77.26	\$111.17
<b>VISION:</b>								
Discount Vision Plan	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41	\$0.41

LIFE INSURANCE:	100% Monthly Rates	Optional Life Insurance (per \$1,000 coverage)	
		AGE	100% Monthly Rates
		<25	\$0.044
Dependent Life Insurance		25-29	\$0.049
\$2,000/\$1,000/\$100	\$0.755	30-34	\$0.060
\$4,000/\$2,000/\$100	\$1.520	35-39	\$0.066
\$10,000/\$5,000/\$100	\$3.805	40-44	\$0.071
		45-49	\$0.100
Term Life Insurance (per \$1,000 coverage)	\$0.316	50-54	\$0.145
		55-59	\$0.258
		60-64	\$0.388
		65-69	\$0.732

**NOTES:**

1 The Indemnity plan is closed to new participants. Caremark Rx plans are not available to Indemnity Plan participants other than the discount card.

2 Medicare/Non-Medicare Split Rates apply when (at least) one member is Medicare Eligible and (at least) one member is Non-Medicare Eligible. Proof of under age 65 Medicare is required.